YEAR	California Exempt Organization	FORM
2004	**Annual Information Return**	**199**

For calendar or fiscal year beginning month _____ day _____ year 2004, and ending month _____ day _____ year _____ .

IMPORTANT: Your number is required.

California corporation number	Federal employer identification number (FEIN)

Corporation/Organization name

_____

Address _____ PMB no. _____

City _____ State _____ ZIP Code _____

A Final return? ☐ Yes. Check applicable box. ☐ No
  ● ☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)
  If a box is checked, enter date ● _____

B Check forms filed this year: State: ☐ 109 ☐ 100 ☐ 100S ☐ 100W
  Federal: ☐ 990 ☐ 990EZ ☐ 990T ☐ 990PF ☐ 1041 ☐ 1120H ☐ 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** ● ☐

D Is this a group filing? See General Instruction N . . . . ☐ Yes ☐ No

E Accounting method used _____

F Type of organization ☐ Exempt under Section 23701 ____ (insert letter)
  ☐ IRC Section 4947(a)(1) trust

Part I — Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues (Enclose, but do not staple, any payment.)	**1** Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . ●	**1**		
	2 Gross dues and assessments from members and affiliates . . . . ●	**2**		
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions . . . . ●	**3**		
	4 Total gross receipts for filing requirement test. Add line 1 through line 3			
	This line must be completed. If the result is less than $25,000, see General Instruction C . . . . ●	**4**		
	5 Cost of goods sold **5**			
	6 Cost or other basis, and sales expenses of assets sold **6**			
	7 Total costs. Add line 5 and line 6	**7**		
	8 Total gross income. Subtract line 7 from line 4	**8**		
Expenses	**9** Total expenses and disbursements. From Side 2, Part II, line 18	**9**		
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	**10**		
Filing Fee	**11** Filing fee $10 or $25. See General Instruction F	**11**		
	12 Penalty for failure to file on time. See General Instruction L	**12**		
	13 Use tax. See instructions . . . . ●	**13**		00
	14 Balance due. Add line 11, line 12, and line 13	**14**		

15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. . . . . ☐ Yes ☐ No

16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents . . . . ☐ Yes ☐ No

17 Is the organization exempt under R&TC Section 23701g? . . . . ☐ Yes ☐ No
  If "Yes," enter amount of gross receipts from nonmember sources $_____

18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? . . . . ☐ Yes ☐ No
  If "Yes," enter amount of total income reported $_____

19 The financial records are in care of _____ Daytime telephone (____)_____

  located at _____

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ _____ Date _____ ▶ Title _____ ● (____)_____
  Signature of officer   Date   Daytime telephone

Paid Preparer's Use Only	Paid Preparer's signature ▶ _____	Date _____	Check if self-employed ☐ ●	Paid preparer's SSN or PTIN _____
	Firm's name (or yours, if self-employed) and address ▶ _____ ●		FEIN _____
			● Daytime telephone (___)

For Privacy Act Notice, get form FTB 1131.   19904103   Form 199 C1 2004 **Side 1**

Part II Organizations with gross receipts of more than $25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	**1**		
	2 Interest	**2**		
	3 Dividends	**3**		
	4 Gross rents	**4**		
	5 Gross royalties	**5**		
	6 Gross amount received from sale of assets	**6**		
	7 Other income. Attach schedule	**7**		
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	**8**		
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	**9**		
	10 Disbursements to or for members	**10**		
	11 Compensation of officers, directors, and trustees. Attach schedule	**11**		
	12 Other salaries and wages	**12**		
	13 Interest	**13**		
	14 Taxes	**14**		
	15 Rents	**15**		
	16 Depreciation and depletion	**16**		
	17 Other. Attach schedule	**17**		
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	**18**		

Schedule L Balance Sheets

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash				
2 Net accounts receivable				
3 Net notes receivable. Attach schedule				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of loans _____)				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation	( )		( )	
11 Land				
12 Other assets. Attach schedule				
13 Total assets				
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $25,000

1 Net income per books		7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule		8 Deductions in this return not charged against book income this year. Attach schedule	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5		10 Net income per return. Subtract line 9 from line 6	

Side 2 Form 199 C1 2004   19904203